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Person / company responsible for action	or action	Ď			
To be completed by [date set above]	above]				
Exposed person(s) informed?	Agreed action taken?	n taken?	Risk removed?	/ed?	_
Yes No	Yes	No	Yes	No	_
			.4	-	
Completed by: [Name]	- ,4	Position: [Lo	cation manage	Position: [Location manager or Producer]	
Signature	*	Date: [dd/mm/yyyy]	m/yyyy]		
Countersigned by: [Name] ELISC ETIN LC Position: [Producer]	se Erintel	Position: [Pr	oducer]		100
Signature Er (100)		Date: [dd/m	Date: [dd/mm/yyyy] 4 / 06/20	0 /2017	L